

**INSURER'S PETITION FOR EXTERNAL REVIEW**  
**DELAWARE'S INDEPENDENT HEALTH CARE APPEALS PROGRAM**  
DELAWARE DEPARTMENT OF INSURANCE

Carrier:

<hr/>	<hr/>	
Carrier Name & NAIC #	Address	
<hr/>	<hr/>	<hr/>
Contact Person	Title	Phone
<hr/>		
Email		

Appellant (person filing the appeal):

<hr/>	<hr/>	
Appellant	Address	
<hr/>	<hr/>	<hr/>
Circle: fax, phone, mail, email Best way to contact	Home phone (hrs available)	Other phone(hrs available)
<hr/>	<hr/>	<hr/>
Relationship to enrollee	Email Address	

Enrollee (person the appeal concerns):

<hr/>	<hr/>	
Enrollee	Address	
<hr/>	<hr/>	<hr/>
Circle: fax, phone, mail, email Best way to contact	Home phone (hrs available)	Other phone(hrs available)
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Relationship to enrollee	<hr/>	

Plan type (indiv, small group, large group-self  
funded or fully insured)

**\*Multi-State plans are not eligible for state appeals**

Insured (person in whose name the policy is written):

<hr/>	<hr/>	
Insured	Address	
<hr/>	<hr/>	<hr/>
Circle: fax, phone, mail, email Best way to contact	Home phone (hrs available)	Other phone(hrs available)
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Relationship to enrollee	Email Address	

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Policy identification numbers

Case specifics:

Appeal identifier assigned by carrier (number etc.)	
Diagnostic Category (cardiac, inpatient, musculoskeletal, surgery, e/r, etc.)	
Date appellant requested Preliminary appeal.	
Date completed Preliminary Review.	
Date Preliminary (or final) Decision sent to covered person	
Date appellant requested stage 2 appeal.	
Date stage 2 appeal occurred.	
Date appellant notified of stage 2 adverse determination	
Composition of panel (list by license and specialty)	
Date appellant requested External appeal (access to IHCAP).	
Date Preliminary Decision sent to DOI.	

**Directions for completing form:**

1. Complete form/petition in its entirety.
2. **Incomplete forms will be rejected.**
3. Email this form/petition via secured email to: [Consumer@state.de.us](mailto:Consumer@state.de.us) , subject line: "Petition for IURO" as soon as possible, but no more than 3 business days after appellant's request for review under IHCAP.
4. After the Independent Utilization Review Organization (IURO) is identified, you will be expected to forward your evidentiary material to that company.
5. For additional questions contact the Arbitration Secretary at (302) 674-7300.

\*\*\*Consumers enrolled in Multi-State Plan (MSP) coverage are entitled to request an external review from Office Personnel Management (OPM). MSP enrollees may request an external review by calling (855) 318-0714, or e-mailing OPM at [mspp@opm.gov](mailto:mspp@opm.gov). Additional information may be found on the OPM website: <http://www.opm.gov/healthcare-insurance/multi-state-plan-program/external-review/>.